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SLICRETARY OF STATE ALLAHASSEE, FLORIDA

COVER LETTER

TO:	Registration Sec Division of Corp					
SUBJE	С					
		Name of Limi	ited Liability Company			
The enc	losed Articles of A	mendment and fee(s) are sub	omitted for filing.			
Please re	eturn all correspond	dence concerning this matter	to the following:			
Dana C. Matthews, Esq.						
			Name of Person			
Matthews & Hawkins, P.A.				<u></u>		
			Firm/Company			
			475 Legendary Drive			
· Address						
Destin, FL 32541						
	City/State and Zip Code					
		E-mail address: (1	tthews@destinlaw.com to be used for future annual report	notification)		
For furth	er information con	cerning this matter, please c	all:			
		C. Matthews	at (_850)	837-3662		
Name of Person		Area Code & Daytime Telephone Number				
Enclosed	is a check for the	following amount:				
₹2 5.0	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enc	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
MAILING ADDRESS: Registration Section		STREET/CO Registration S	DURIER ADDRESS:			
Division of Corporations P.O. Box 6327			Division of Corporations Clifton Building			

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 10 AUG 23 PM 12: 35

Adven (<u>Name of the Limited</u> (A	tures on Portofino One, Ll Liability Company as it now appears Florida Limited Liability Company)	LC TALLARY on our records() St	Y OF STATE E. FLORIDA		
The Articles of Organization for this Limited Liz Florida document numberL09000009		1/29/2009	and assigned		
This amendment is submitted to amend the follow. A. If amending name, enter the new name of	-	:			
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Company	y," the designation ".	LLC" or the abbreviation		
Enter new principal offices address, if applica	ble:				
(Principal office address MUST BE A STREE)	(ADDRESS)				
Enter new mailing address, if applicable: <u>(Mailing address MAY BE A POST OFFICE L</u>	<u></u>				
B. If amending the registered agent and/o registered agent and/or the new registered off		r records, <u>enter</u>	the name of the new		
Name of New Registered Agent:	Dana C. Matthews, Esq.				
New Registered Office Address:	4475 Legendary Drive				
	Enter Florida street address				
	Destin	, Florida	32541		
	City		Zip Code		

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records: MGR = Manager MGRM = Managing Member **Title Address** Type of Action Name Evans, Treva M. **MGRM** ☐ Add
✓ Remove 116 Country Club Drive Niceville, FL 32578 ☐ Add Remove ☐ Add Remove ∏Add Remove □Add □ Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) August 19 Dated ____ Signature of a member or authorized representative of a member Dana C. Matthews Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00